

ATTACHMENT A

FIRST 5 CALIFORNIA PUBLIC EDUCATION PROGRAM PROPOSAL COVER SHEET

Click **DATE OF PROPOSAL:** _____
line to
type **RFP #3B – SACRAMENTO REGION**

Please fill out the PROPOSAL COVER SHEET completely. PROPOSAL COVER SHEET forms must be typed or completed on computer via an online form (this document can be downloaded from www.ccfca.gov/rfp.htm).

Note: If applying through a fiscal agent, please note that fiscal agent information is requested on page 2 whereas the information requested below is for the organization responsible for implementing the program.

Click
line to
type

ORGANIZATION IMPLEMENTING PROGRAM	
<hr/> Organization Name	
<hr/> Year Established	
<hr/> Street Address	
<hr/> City, State and Zip Code	
<hr/> () Phone	<hr/> () Fax
<hr/> Web site address (if available)	
EXECUTIVE DIRECTOR OR PRESIDENT:	PROJECT CONTACT:
<hr/> Name	<hr/> Name
<hr/> Title	<hr/> Title
<hr/> () Phone	<hr/> () Phone
<hr/> () Fax	<hr/> () Fax
<hr/> E-mail address if available	<hr/> E-mail address if available

Click
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FISCAL AGENT INFORMATION (only complete this section if using a fiscal agent)

Organization Name

Street Address

City, State and Zip Code

()

Phone

()

Fax

Web site address (if available)

EXECUTIVE DIRECTOR OR PRESIDENT:

Name

Title

()

Phone

()

Fax

E-mail address if available

PROJECT CONTACT:

Name

Title

()

Phone

()

Fax

E-mail address if available

TYPE OF COMMUNITY-BASED ORGANIZATION (Check only one of the following by clicking on a selection):

Type
"X"
to
select

☐ Advocacy Group

☐ Consortium/Coalition

☐ Child Development Center

☐ Children and Youth Services

☐ Education

☐ Faith-Based Organization

☐ Family Services

☐ Human Services Agency

☐ Health/Mental Health Organization

☐ Media/Publishing

☐ Multi-Service Center

☐ Public Policy Center

☐ Vocational

☐ Other: _____

TOTAL NUMBER OF PERSONS SERVED ANNUALLY - UNDUPLICATED (Estimated number): _____

TARGET POPULATION CURRENTLY SERVED ANNUALLY (Estimated percentages):

Ethnicity %

_____ African American

_____ Asian and Pacific Islander American (please
specify ethnicity and languages):

_____ Latino

_____ Native American

_____ White/Non-Latino Caucasian

_____ Other (please specify ethnicity and languages):

Socioeconomic, Health, Geographic or Other Factors

_____ Agricultural Workers

_____ Children and Parents with Disabilities and Special Needs

_____ Expectant Parents

_____ Fathers

_____ Foster Parents

_____ Homeless Parents

_____ Low Income Families

_____ New Immigrants

_____ Parents with Limited or no English Proficiency

_____ Parents with Low Literacy/Limited Education

_____ Rural Residents

_____ Teen Parents

_____ Other (please specify):

POPULATION PROPOSED TO BE SERVED BY FIRST 5 CALIFORNIA PUBLIC EDUCATION PROJECT

(estimated numbers):

Click
line to
type

Ethnicity

- ☐ African American
☐ Asian and Pacific Islander American *(please specify ethnicity and languages):*

☐ Latino
☐ Native American
☐ White/Non-Latino Caucasian
☐ Other *(please specify ethnicity and languages):*

Socioeconomic, Health, Geographic or Other Factors

- ☐ Agricultural/Migrant Workers
☐ Children and Parents with Disabilities and Special Needs
☐ Expectant Parents
☐ Fathers
☐ Foster Parents
☐ Homeless Parents
☐ Low Income Families
☐ New Immigrants
☐ Parents with Limited or no English Proficiency
☐ Parents with Low Literacy/Limited Education
☐ Rural Residents
☐ Teen Parents

Type
"X"
to
select

TAX STATUS *(check one by clicking on selection):*

- ☐ 501 (c)(1) -- governmental, tax-exempt
☐ 501 (c)(3) -- includes religious, educational, charitable, literary
☐ 501 (c)(4) -- includes civic and social organizations, employee associations
☐ 501 (c)(5) -- labor, agricultural
☐ 501 (c)(6) -- business associations, chambers of commerce
☐ 501(c)(7) -- social and recreational clubs
☐ 501 (k) -- child care organizations
☐ 521 (a) -- farmers cooperative associations
☐ Other non-profit
equivalency: _____

AMOUNT REQUESTED FROM FIRST 5 CALIFORNIA PUBLIC EDUCATION PROGRAM: \$ _____

ORGANIZATION'S 2002 YEAR OPERATING BUDGET: \$ _____

COUNTY(IES) PROPOSED TO BE SERVED BY PROJECT:

PROPOSED PROJECT SUMMARY *(please provide a one paragraph description):*

SUBMITTING YOUR PROPOSAL

PLEASE REMEMBER TO INCLUDE THE FOLLOWING ATTACHMENTS WITH YOUR PROPOSAL:

- ☐ Proposal cover sheet (use form provided)
- ☐ Proposed methods to reach target audience/relevance to organization's mission (one page)
- ☐ Scope of work forms (use forms provided; no more than eight pages)
- ☐ Organization's experience and effectiveness in conducting outreach (one page)
- ☐ Organization's capacity/infrastructure for conducting outreach (half-page)
- ☐ Project budget (use form provided)
- ☐ Selected letters of support from other organizations, newspaper articles, flyers and other materials as examples of community outreach experience of work
- ☐ Proof of tax-exempt status (IRS letter or equivalent)
- ☐ Most recent IRS Form 990 or most current year financial statement (audited, if available)
- ☐ List of board of directors and affiliations
- ☐ Letters of commitment from partner agencies, consortium or coalition members (if applicable)

PLEASE SUBMIT ORIGINAL PLUS SIX COPIES OF YOUR PROPOSAL AND ATTACHEMENTS.

PROPOSAL AND ALL REQUIRED ATTACHMENTS MUST BE RECEIVED NO LATER THAN:

5 P.M., MARCH 28, 2003

NO FAX OR E-MAIL PROPOSALS WILL BE ACCEPTED.

MAIL, DELIVER OR OVERNIGHT PROPOSALS TO:

First 5 California Public Education Program Administrator
RFP #3B – Sacramento Region
c/o Rogers & Associates
1875 Century Park East, Suite 300
Los Angeles, CA 90067
(310) 552-6922 (For Reference On Overnight Delivery Slips Only; No Calls Please)

APPLICANTS CAN SUBMIT QUESTIONS RELATED TO THE RFP BY MARCH 10, 2003:

<i>Mail</i>	First 5 California Public Education Program Administrator RFP #3B – Sacramento Region c/o Rogers & Associates 1875 Century Park East, Suite 300 Los Angeles, CA 90067
<i>E-Mail</i>	ccfccbogrants@rogersassoc.com
<i>Fax</i>	(310) 552-9052

RFP number and region must be included with all materials and information requests. Answers to these questions will be posted on the First 5 California Web site at www.cffc.ca.gov/rfp.htm on **March 14, 2003 by 7 p.m.** To receive updates and answers to questions, please register via fax at (310) 552-9052.

ATTACHMENT B

FIRST 5 CALIFORNIA PUBLIC EDUCATION PROGRAM SCOPE OF WORK FORM

The contractor shall work toward achieving the following goals and objectives as stated in the following description of scope of work. Activities are to be completed within the 9-month timeline, as stated in the RFP, and are to be documented as specified. **Please print out and type on or complete on computer via an online form (document can be downloaded from www.ccfc.ca.gov/rfp.htm). Unless stated objectives differ, only one copy of page 2 needs to be submitted; a maximum of eight (8) SCOPE OF WORK forms outlining activities (page 3) may be submitted.**

Issues:

Educate your target audiences about the importance of:

- Oral health
 - Brush your child's gums and teeth and make sure they get fluoride
 - Prevent baby bottle tooth decay
 - Bring your child to see a dentist starting at age 1
- Family safety
 - Take preventive measures in and out of the home to keep children safe
- Prenatal and perinatal care
 - See a doctor once you think or know you are pregnant; access to prenatal care
 - Breastfeed your infant
 - Get perinatal care
 - Don't smoke during pregnancy or around children
- Overarching First 5 California advertising messages
 - Understand the importance of brain development in the early years
 - Read, talk and play with your children
 - Don't smoke during pregnancy or around babies and children
 - Don't use alcohol or drugs during pregnancy

PLEASE PROVIDE YOUR PROJECT OBJECTIVES

TOPIC OR ISSUE FOCUS (Check one or more by clicking on selection):

- ☐ Oral Health
 - Brush your child's gums and teeth and make sure they get fluoride
 - Prevent baby bottle tooth decay
 - Bring your child to see a dentist starting at age 1
- ☐ Family Safety
 - Take preventive measures in and out of the home to keep children safe
- ☐ Prenatal and perinatal care
 - See a doctor once you think or know you are pregnant; access to prenatal care
 - Breastfeed your infant
 - Get perinatal care
 - Don't smoke during pregnancy or around children
- ☐ Importance of brain development in the early years
- ☐ Read, talk and play with your children
- ☐ Adverse effects of smoking during pregnancy and around babies and children and the negative impact of alcohol and drug use during pregnancy.

AUDIENCE(S):

Click
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Please specify one or more of the following target audiences by ethnicity and socioeconomic, health, geographical or other factor in the activities section below on page 3.

Ethnicity

- ☐ African American
- ☐ Asian and Pacific Islander American (*please specify ethnicity and languages*):

- ☐ Latino
- ☐ Native American
- ☐ White/Non-Latino Caucasian
- ☐ Other (*please specify ethnicity and languages*):

Socioeconomic, Health, Geographic or Other Factors

- ☐ Agricultural Workers/Migrant Workers
- ☐ Children and Parents with Disabilities and Special Needs
- ☐ Expectant Parents
- ☐ Fathers
- ☐ Foster Parents
- ☐ Homeless Parents
- ☐ Low Income Families
- ☐ New Immigrants
- ☐ Parents with Limited or no English Proficiency
- ☐ Parents with Low Literacy/Limited Education
- ☐ Rural Residents
- ☐ Teen Parents

FIRST 5 CALIFORNIA PUBLIC EDUCATION PROGRAM SCOPE OF WORK FORM

Unless stated objectives differ, only one copy of page 2 needs to be submitted; a maximum of eight (8) SCOPE OF WORK forms (this page) outlining activities (page 3) may be submitted. Additional Scope of Work forms can be downloaded from www.ccfcc.ca.gov/rfp/htm and submitted as needed.

ORGANIZATION NAME: _____

ACTIVITIES: List only major activities such as group meetings, major festivals, conferences, events, canvassing, etc.

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ACTIVITY	TARGET AUDIENCE/ # OF PEOPLE TO BE REACHED	TIMELINE	METHOD OF DOCUMENTING OUTCOME OF ACTIVITIES	STAFF

ATTACHMENT C

FIRST 5 CALIFORNIA PUBLIC EDUCATION PROGRAM PROPOSED BUDGET FORM

Click **NAME OF ORGANIZATION** _____
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Please fill out the PROPOSED BUDGET FORM completely. THE PROPOSED BUDGET FORM must be printed out and typed on or completed on computer via an online form (this document can be downloaded from www.ccfc.ca.gov/rfp.htm). Non-personnel/program expenses include costs directly related to this project such as, but not limited to, consultants, supplies, printing, photocopies, postage, telephone, local travel, training expenses and indemnification insurance. Indirect expenses include overhead costs such as fiscal administration and rent or other office equipment depreciation.

I. PERSONNEL (LIST TITLE AND % TIME ON PROJECT)	AMOUNT REQUESTED	AMOUNT FROM OTHER RESOURCES	TOTAL BUDGET
	\$	\$	\$
Personnel Subtotal			
II. NON-PERSONNEL/ PROGRAM EXPENSES	AMOUNT REQUESTED	AMOUNT FROM OTHER RESOURCES	TOTAL BUDGET
Non-Personnel Subtotal			
III. INDIRECT EXPENSES	AMOUNT REQUESTED	AMOUNT FROM OTHER RESOURCES	TOTAL BUDGET
Indirect Subtotal			
TOTAL			